ALBERTA MENTAL HEALTH BOARD

TOWARD A STRATEGIC PLAN FOR RESEARCH

Discussion Document

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EXECUTIVE SUMMARY

The Provincial Health Advisory Board became the Alberta Mental Health Board in April 1999 with the mandate to oversee and guide mental health services in Alberta into the 21st Century. The responsibilities of the Board have been expanded to include an advocacy role for the provision of mental health services in the province as well as responsibility for developing standards for, and monitoring performance in the delivery of mental health services. The AMHB is faced with new challenges and new responsibilities. The time is right for a renewed emphasis on research as a key function in supporting the new and renewed leadership role in mental health in our province.

In Canada and elsewhere, there is growing realization that research needs to be targeted at improving health and health system outcomes. The need to adopt evidence-based systems at the clinical, management and policy levels of health systems as well as at the public information level is widely recognized by health system decision-makers.

There is a critical shortage of evidence-based information to help the Alberta Mental Health Board plan, deliver and evaluate the impact of mental health services in Alberta. The establishment of a specific research function within the AMHB this past summer was the first step in this direction. However, this is only the beginning. Much work needs to be done to begin the collaborative process of identifying and assessing research information needs; ensuring that research projects are designed, funded and carried out to help meet these needs; developing processes to communicate the research findings to decision-makers; and, facilitating implementation of findings in the planning and delivery of mental health services.

This document provides an overview of the general research context, mental health research needs, issues and challenges for the AMHB and provides some suggested strategic directions and possible initial actions toward the development of a comprehensive and effective Research Program. It is intended to stimulate discussion and will form the basis for a comprehensive consultation process to be conducted over the next few months. The input obtained from key stakeholders will be used to further identify and assess the needs and priorities for the AMHB and to develop a strategic plan for research.

1. INTRODUCTION

In spring 1999, ongoing consultation between the Provincial Mental Health Advisory Board and government resulted in revision of the Board's role in mental health service delivery in Alberta. Rather than divest the responsibility for mental health services to the Regional Health Authorities, as was originally considered under Regionalization, mental health would remain a provincial responsibility under the Board. Effective April 1, 1999 the PMHAB became the Alberta Mental Health Board (AMHB) and its mandate was expanded to include provincial leadership, advocacy, and accountability/monitoring. Under the amended regulations of the *Regional Health Authorities Act*, the AMHB now has the following provincial mandate (recent changes are in bold lettering):

- *to promote, preserve and restore the mental health of Albertans*
- *to work towards the prevention of mental disorders*
- *to assess the mental health status of Albertans on an ongoing basis*
- *to deliver or coordinate the delivery of mental health services in Alberta*
- *to promote* ***and act as an advocate for*** *the provision of mental health services*
- ***to develop and monitor standards for, and monitor performance in the delivery of mental health services***
- *to determine service delivery priorities and allocate resources accordingly*
- *to ensure reasonable access to quality mental health services*
- *to engage in and promote research in matters related to mental health*

Although the promotion of mental health research has been a legislated responsibility of the Board since its inception (reflected in the last bullet above), it has not traditionally been a key focus. Increased provincial, national and international acknowledgement of the need for health research along with the new emphasis on developing and monitoring performance standards clearly requires coordination and enhancement of our research activities. In response to the mandate changes, a provincial research function was created with the establishment of the position of Research Director in the Corporate Development Division in August 1999.

The purpose of this document is to initiate a planning and consultation process which will be used to build a comprehensive, provincial Research Program for the AMHB. Specifically, this document is intended to:

- structure a dialogue about the current situation with respect to research in the AMHB;
- provide a vehicle for the assessment of existing mental health research activities internally and externally in Alberta; and,
- provide contextual information for a process of stakeholder consultations on research needs and priorities which will be used to develop a detailed and comprehensive strategic plan for an AMHB Research Program.

2. BACKGROUND

2.1 Increasing Emphasis on the Need for Health Research

New scientific findings, technologies and an educated public have created a huge demand for information. Increasingly, health care organizations are developing, tracking and reporting on quality and performance information, and are using health targets as a tool for priority setting. Unfortunately, the lack of availability and credibility of current data continues to pose problems for health providers and organizations. It is argued that the effectiveness of our health delivery system is directly dependent upon the strengths and responsiveness of our health research capability because research can provide

the information needed for evidence-based decision-making. The National Forum on Health (1997) recognized the importance of making decisions based upon scientific evidence and cautioned that a careful partnership between decision-makers and expert peer evaluators is needed to identify and capture the scientific evidence and make it available in a useful form.[1]

Recognizing that research is a priority for health, the Federal Government has allocated over $1.1 billion over the remainder of this year and the next three years to promote and support health research and related initiatives as follows:

- $550 million to promote health–related research and innovation ($240 million of which will go towards the creation of the Canadian Institutes of Health Research to better integrate research into Canada's health system).
- $328 million to improve the quality and availability of health information and to further develop health information systems across Canada.
- $287 million to build on a number of other federal initiatives in health with a particular focus on prevention.

With the impending creation of the Canadian Institute of Health Research, and the recent influx of money into federal research granting councils, there are significantly increasing opportunities for the funding of health services delivery research.[2] However, it must be noted that although Canadians are witnessing an increase in federal financial support for health research, we still have a long way to go. A recent study conducted by the Alberta Health Research Strategy Working Group (1998) found that Canada is still far behind other developed countries such as the USA, United Kingdom, France and Australia who have made significant investments in both basic and applied health research.[3]

2.2 The Role of Research in Health Services Delivery Organizations

There is growing realization that in order to improve health systems outcomes, such research needs to occur close to and/or as a distinct function inside health services delivery organizations. The need to adopt evidence-based systems at the clinical, management and policy levels in health services as well as at the public information level was a key recommendation of the National Forum on Health (1997).[4] This has resulted in the creation of the Canadian Health Services Research Foundation (CHSRF). The CHSRF has the unique mandate of facilitating partnerships between decision-makers and researchers to enhance relevancy and utility of health services research, and funds studies sponsored by service delivery organizations as well as traditional academic organizations.

2.3 Health Research in Alberta - Current Context

Alberta is internationally recognized for excellence in clinical and biomedical research – however, research in other areas has been limited. A study conducted by the provincial Health Research Strategy Working Group in 1998 found Alberta's health information infrastructure to be weak, posing a problem for research in areas which need good information (such as population health, health outcomes and health policy). The study also found that, traditionally, there has been a lack of cooperation between health disciplines in the planning and carrying out of research initiatives. Furthermore, health research funding was found to be quite fragmented and unnecessarily complex to access. As a result, health research activities in Alberta have been, and continue to be, disjointed.[5]

For all medical research, the Alberta Heritage Foundation for Medical Research (AHFMR) operates on an endowment established in 1980 of $300M. The fund provides approximately $30M annually for medical research and development initiatives. One of the largest investments made by the Foundation is a five-year $15M Opportunity Fund (AOF) designed to match funds with federal and provincial partners to support major research infrastructure projects.[6] This represents a clear signal of the successes of the Alberta research community. Key objectives of the AHFMR vis-a-vis the AMHB include the need to

facilitate and enhance health research with particular emphasis on outcomes research and technology assessment, and link health researchers, funders, governments, RHAs, the private sector research industry and other health sector stakeholders.

In recent years, Alberta (via AHFMR and other routes) has begun to build a cadre of health services and population health researchers with Alberta Health & Wellness (AH/W) contributing almost $6M in funding (see Table 1) to "improve the relevance and quality of research, increase the capacity of the health system to conduct research and apply health research results".[7] Health research programs funded by AH/W include the Health Research Collaboration, the Alberta Cancer Board (ACB) and the Institute for Health Economics (IHE).

Table 1: Health Research Programs Funded by Alberta Health & Wellness

Alberta Health & Wellness R&D Budget ($ '000)	1998/99	1999/00	2000/01
Health Research Collaboration	2,700	2,700	2,700
ACB	2,800	2,800	2,800
IHE	250	250	250

Source: ASRA, *A Summary of Government of Alberta – Ministry Research Business Plans 1998-2001.*

- **The Health Research Collaboration**: The AHFMR entered into the Health Research Collaboration agreement with Alberta Health in 1995. This gave the AHFMR responsibility to manage the Health Services Research and Innovation Fund and the Mental Health Research Fund (now a single fund called the Health Research Fund). The agreement called for the AHFMR to develop and implement a health research agenda for Alberta, and to ensure the effective use of health research funds. The program receives approximately 60-70 applications annually and funds a portion of these. In 1998, 17 mental health research projects and 14 mental health studentships were approved for funding.[6]

- **The Alberta Cancer Board (ACB)**: The ACB is our "sister" provincial health authority in the province, and thus may be considered a model for Research Program development. Like the AMHB, the ACB provides treatment services and monitoring, but has a much more highly developed research role. The mandate for research is well enshrined in regulations and one of its three core businesses is to "conduct and promote high quality cancer research".[8] The ACB also enjoys a legislated population-based case registry for research and surveillance (the monitoring of population trends in health and disease). Currently, the ACB operates on an annual budget of nearly $100M (which includes $79M in contributions from Alberta Health & Wellness). Of this, approximately 12% is dedicated for cancer research and education. Included in the contributions from the province is annual funding of $2.8M for the Alberta Cancer Research Initiatives Program (ACRIP) which has enabled the ACB to develop core elements of a provincial research program. In keeping with it's guiding principle that "research is the foundation upon which high quality programs in cancer treatment, prevention and education are built", ACB plans to establish a $60M Cancer Research Endowment over the next few years to increase the impact of the ACRIP and strengthen the research environment in Alberta. Although no comparative review of the respective societal costs (mortality, morbidity and financial) has as yet been conducted, the burden of mental illness must be at least as large as that of cancer.

- **The Institute for Health Economics (IHE)**: The IHE is a relatively new consortium of academic, government, health industry and other organizations concerned with the outcomes of health care technologies and treatments. Since 1995, the IHE has been rapidly building capacity for health economics and health services research. This represents a new and enormous opportunity for collaborative projects to address mental health services questions of concern to our organization. The AMHB, in turn, can add value to IHE initiatives by identifying these questions and providing access to service settings and research data.

It is hoped that an environment and capacity for population health research* and health services research† will be stimulated by these initiatives. In addition to research funds contributed by Alberta Health and Wellness/AHFMR, significant funds are received for health/medical research from out-of-province and out-of-country sources. Approximately 55% of total health/medical research dollars come from these external sources ($65M in 1994/95 came from outside sources).[9]

The ability to conduct health research in Alberta is being strengthened by the support provided by AHFMR and university programs. Unfortunately, according to the AHFMR Task Force on Research in Practice (May 1999) there still exists much fragmentation, poor understanding of research on the part of the public, lack of planning, an unattractive environment, a poor competitive position, lack of competitive fiscal and taxation environment for start-ups and a lack of communication to the public on the value of health care.[4] In order for relevant health research problems to be identified and for research findings to have real impact, there needs to be a closer relationship between research activities and service delivery organizations. Clearly, opportunity exists for the AMHB to play a role in this future.

Future Potential for Health Research in Alberta

Health research is a strategic opportunity for Alberta -- it can lead to the realization of quality health for Albertans as well as economic benefits for the province as a whole. There already exists a wealth of health research in Alberta upon which can be built a foundation for a strong health research "industry" that is coordinated, integrated, collaborative and supported. Unfortunately, there is a serious shortage of researchers in Alberta with proven expertise in health services research, particularly in population health, health promotion, health informatics and technology assessment.[9] Many of Canada's best health care researchers are moving to the United States, making it difficult for Canada to compete on an international level.[10]

Recognizing the need for a provincial strategy for health research, the Alberta Science and Research Authority (ASRA) established a provincial Health Research Strategy Advisory Group to develop a draft strategic plan for health research for Alberta. A preliminary plan has been developed which has identified a number of strategies designed to address the identified shortcomings. These include the need to develop the necessary human capacity of health research excellence, to develop an integrated health information system, and to leverage funds from multiple sources to support health research in Alberta.[5] The efforts of the Health Research Strategy Advisory and Working Groups are to be commended. It must be noted, however, that while membership on these groups was fairly representative of the health system (i.e., provincial government, RHAs, the Alberta Cancer Board, the AHFMR, Universities and private industry) – it was lacking in representation from the mental health sector. Clearly, the AMHB needs to play a key role in the development of a provincial strategy for health research.

2.4 The Need for Research in Mental Health

The Burden of Mental Illness

The burden of mental illness on individuals and their families is well known to all of us working in AMHB services and programs. Approximately 40% of disabilities worldwide are psychiatric in nature and among the array of disabilities, psychological disorders showed the lowest percent of recovery to full working and social capacity. The World Health Organization (WHO) estimated, in 1995, that nearly 32% of the world's population suffer some form of mental disorder.[11] In a recent worldwide analysis on the global burden of disease (commissioned by the WHO and the World Bank), it is predicted that mental illnesses will be four of the top five causes of disability in the world by the year 2020.[12] The study also found that

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* Population health research focuses on factors that enhance the health and well-being of the overall population (i.e., the economic, social, environmental, physical and genetic determinants of health, and the services that promote and maintain health).

† Health services research focuses on health systems, clinical, health delivery, technology assessment, utilization analysis, health promotion, health economics, outcomes evaluation and epidemiology (does not include biomedical and population health research).

NOTE: Both definitions above adapted from the Health Research Strategy Working Group (1998) report entitled, *A Health Research Strategy for Alberta: From the Laboratory to the Community*

even now, four of the ten leading causes of disability for persons aged five years and older are mental disorders.[13]

In Canada, it is estimated that at least 2% of the population are afflicted with severe and persistent mental illnesses (e.g., schizophrenia/psychosis, severe bipolar disorder and major debilitating depression).[14,15] These individuals consume a disproportionate share of expensive inpatient and treatment services.[16,17] An additional 18% of the population suffer from less serious mental health problems.[18] The total national burden in caring for this segment of the population exceeds $4 billion per year in direct costs (in 1986 dollars).[16,19] This does not include the personal costs of lost productivity, quality of life, stigma and family burden. Yet, research on mental illness has historically been under funded. In a 1990 report, mental health research funding was approximately 4% compared with 14% of health care costs.[20] In a very recent U.S. study, Gross et al. showed that depression and schizophrenia were under funded relative to burden of disease (as measured by disability adjusted life years). In NIH funding.[21] Fortunately, however, the enormous and increasing burden of mental illness is finally beginning to receive attention.

Increased Attention on Mental Health and the Need for Research

Mental illness is also the topic of the most recent U.S. Surgeon General's Report entitled, *Mental Health: A Report of the Surgeon General.* This report is a clear acknowledgment that mental health is fundamental health. The 500-page publication, the first U.S. Surgeon General's report on mental health, confirms that research has provided the knowledge needed to deliver effective treatment and better services for most mental disorders. However, the report also states that gaps exist between what research has shown to be optimally effective treatments and what many people receive in actual practice settings. This is because a complex and fragmented mental health service delivery system, financial barriers and stigma have blocked appropriate services delivery and necessary care. The report identifies areas in which further research and analysis is necessary to understand the impact of mental health issues on special populations (e.g., racial and ethnic groups, sexual orientation and people living with disabilities).[22]

There is an increased emphasis on both clinical effectiveness research at the patient level and mental health service delivery research/evaluation at the system level.[10] The International "evidence-based medicine" has come to mental health and is centered in the Evidence-based Mental Health Centre in Oxford. This group provides systematic reviews of evidence for various technologies and treatments that can be disseminated to care providers and managers immediately through coordinated research programs in service delivery organizations. This is a major development in clinical research.[23]

In the U.S., the Agency for Health Care Research and Quality (AHRQ) has set up a clearinghouse for clinical practice guidelines, some of which relate to mental health. At the system level the shift to community-based services, and ever increasing complexity of service systems, have resulted in questions about the overall planning and delivery of mental health services that need to be addressed. A number of systemic problems have been identified that could be the focus of research studies. Examples include:

- gaps in service delivery for individuals suffering with mental illness and addiction as well as for children and individuals from different ethnic and cultural backgrounds
- fragmented care with little communication among components
- interfacing between mental health and addictions services.[24]

The Centre for Addictions and Mental Health in Ontario recommends that further research on the effectiveness of services and supports, and the impact of mental health system change, needs to be mandated and funded. Also, that there are research questions that still need to be addressed. For example:

- What impact has regionalization of services had on quality and access?

- What is the relationship of population health indicators to the need for, and the utilization of, psychiatric services?
- What are the predictors of service needs that could be incorporated into prospective payment methods for inpatient and community based care?[18]

Research is now considered a "best practice" rather than a luxury. According to the Federal/Provincial/Territorial Advisory Network on Mental Health, "further research on the effectiveness of services and supports and the impact of system change needs to be mandated and funded".[18] Unfortunately, applied health research has traditionally been a hard sell since its benefit is manifested as decreased costs, rather than as increased revenues, and are not immediate. Thus, the systematic measurement of mental health system performance is in its infancy at all levels (i.e., from client and program outcome measures to system outcomes moving toward integrated service delivery models).[25] Although a number of provinces have implemented mental health system reform initiatives in an attempt to address systemic issues in the organization and delivery of mental health services, the huge task of linking client and program outcome measures to system performance still needs to be addressed.[26] Quebec and Ontario have developed extensive infrastructures for mental health research that cross academic and service delivery settings, but few provinces have mental health research and evaluation programs completely integrated within service delivery organizations. In New Brunswick mental health services research has been identified as one of six new areas for attention.

It is likely that this increased attention will translate into greater demand for research into the causes, prevention and treatment of these illnesses. Research on mental illnesses is not only being promoted by researchers and government officials, but also more actively by mental illness sufferers and by the general public. For example, a key objective of the newly formed Canadian Alliance for Mental Illness and Mental Health (CAMIMH)[‡] is to pressure government for a national research agenda on mental illness. Here in Alberta, population based surveys (1988 and 1997) showed strong public support for research as an additional approach needed for dealing with mental illness.[27] The need for research in mental health is clearly evident. The costs of not doing research can be summed up in the following statement..."if you think medical research is expensive, try disease".[28]

3. MENTAL HEALTH RESEARCH IN ALBERTA AND THE AMHB - PAST AND PRESENT

3.1 Past

In the Fall of 1990, informal interviews and discussions were held with four key external informants to gain a better understanding of the history of mental health research in the province. These individuals were Dr. Roger Bland, (University of Alberta), Dr. Gus Thompson (University of Alberta/Alberta Health & Wellness), Dr. Ron Dyck (Alberta Health & Wellness) and Dr. Don Addington (University of Calgary). The informants described outlined the history of the Provincial Mental Health Research Fund (MHRF), which was a granting mechanism within Mental Health Division of Alberta Health from the late 1970s to early 1990s. At that time the current AMHB facilities were under separate Boards and not under this provincial government division. The amount of the fund was $576,000 in 1990/91. A process for receipt and adjudication of grant applications existed with allocation according to merit for investigator-driven research questions. The fund provided operating grants, student support and also established a University of Alberta based research unit with multi-year funding in neurochemistry (which was later successful in receiving competitive funding elsewhere). At that time there was reportedly little capacity

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[‡] CAMIMH is an alliance of the Mood Disorders of Canada, Schizophrenia Society of Canada, Canadian Mental Health Association, National Network for Mental Health and the Canadian Psychiatric Association.

for funding mental health services or population health research. As a result, most of the projects that received funding were biomedical in nature.

In the early 1990s, the MHRF was transferred to the Alberta Heritage Foundation for Medical Research (AHFMR) and combined, along with other (non-mental health) funds, into the current Health Research Fund. Mental health projects continue to be funded in this context. However, as the key informants noted, there is a strong need to build researcher capacity in this province, along with a need to build health services and population health research, to enhance the relevancy of research and to improve the dissemination of research information.

The PMHB was established in 1994, and the PMHAB in 1996, to consolidate clinic and facility services and to oversee the planned divestiture of services to regions. These previous boards did not pursue a coordinated research agenda. This is not surprising considering the former boards' mandates were to plan for the divestment of mental health services to the RHAs and, thus, plan for their own dissolution. Although there have been provisions in the budget for research/education, most of the Board's expenditures from 1995 to the present (see Table 2) have been related to retraining and reorientation for staff impacted by the restructuring, as well as workshops and conferences for service providers and consumers to prepare them for the upcoming changes to the way in which mental health services would be provided. A variety of research projects have been and continue to be conducted within the organization without overall coordination and typically within regular operations. For example, projects on *satisfaction with forensic services, utility of the GAF as a standard outcome measures, community clinics waiting times, clubhouse model evaluation, telemental health evaluation, forensic services (Phoenix Program) evaluations, InterRAI pilots, psychosocial rehabilitation evaluations,* and *diagnostic criteria for enhanced income supports of persons with MI and BI related disability* have or are being conducted. The AMHB has also sponsored staff participation in the SEARCH program of the AHFMR to help build "research receptor capacity" in the organization. The full extent of our internal research activities, their leaders, and related expenditures remains to be inventoried.

Table 2: AMHB Education and Research Expenditures vs Total Expenditures ($ 000's)

	95/96 Actual	96/97 Actual	97/98 Actual	*97/98 Budget*	98/99 Actual	*98/99 Budget*	99/2000 Budget	2000/1 Budget
Total Expenditures	143,300	Data not available	151,465		169,762		187,000	182,000
Education & Research	739	372	48	*600*	87	*485*	645	645
Research as % of Total	.5%	n/a	.03%		.05%		.3%	.3%

Source: Alberta Mental Health Board Annual Reports.

Typically, less than 1% of the total annual *explicit* budget has been spent on research and education. As a basis of comparison, the ACB spends 12% of its total annual budget on research. More explicit and coordinated planning and budgeting for internal research initiatives, and liaison with external mental health research initiatives in this province will be needed to meet our organization's research objectives. In addition, a coordinated approach to research will be necessary to capitalize on enormous opportunities for leveraging external research dollars.

3.2 A Renewed Focus for Research

The vision, mission and values statements of the AMHB emphasize the need for a mental health system that is "based on achieving specific measurable outcomes" and that supports education and research. These statements are currently undergoing review and it is anticipated that when the new vision, mission and values statements are developed, an even greater emphasis will be placed on the need for, and the role of research.

The AMHB Business Plan outlines the Board's three core businesses listed below. The first two address our responsibility to govern and deliver mental health services to Albertans. The third focuses on our new role and expanded mandate. All three core businesses require research/evaluation support.

Core Business 1: Ensure accountability and continuous improvement in the mental health system through efficient and effective governance and management.
Core Business 2: Ensure delivery of quality mental health services.
Core Business 3: Monitor the performance of the mental health system and advocate for clients with mental illness.[29]

3.3 Present Situation

The new position of Research Director was established to champion the conduct of in-house research and the development of partnerships and linkages with external researchers with a major emphasis on health services and population health research. At the same time, the AMHB was awarded a major national grant ($879,309) from the Canadian Health Services Research Foundation for a Research Program on continuity of care in collaboration with a multidisciplinary group of researchers from the University of Calgary and The University of Alberta. Co-sponsors of the "Continuity of Mental Health Services (COMHS) Study of Alberta" are AHFMR, IHE and Eli-Lilly (Canada) Inc. This project will examine the effectiveness of health services for persons suffering from severe and persistent mental illness with a focus on service integration, continuity of care, clinical and economic outcomes. It will include three studies: (a) the development of a reliable and valid measure of continuity of care (COC); (b) application of the COC measure to a 3-region, 18-month cohort of patients including utilization clinical, and cost data; and (c) prospective economic evaluations of one or two new priority mental health services. The methods are intended to be applicable to future services so that, over time, the system of care can become more evidence-based. This is a key opportunity for the AMHB to develop and test a model and processes for partnership research with internal decision makers, external funders and researchers and industry. The projects also hold promise for stimulating infrastructure development as well as testing new processes for conducting research in the organization.

In the last six months, activities of the new research function have focused on getting the COMHS study underway, developing an initial structure for coordinating research (see Figure 1), identify resource requirements for administration and support, and establishing an initial operating budget for the current and coming years. Consultation and leadership has also been provided for several in-house research projects (e.g. the standardization of client satisfaction measures across services and the standard evaluation of new crisis and emergency services). External liaisons (e.g. we assisted CAMIMH and the Canadian Psychiatric Association with a lobbying effort to ensure an institute for mental health research would be included as one of the new research institutes in the CIHR) and launched a partnership with the University of Calgary and Alberta Health and Wellness to begin mental health population-based surveillance activities in the province. Active but informal liaisons were established with the IM, IS, Planning, Communications, and Learning Resources functions in the Corporate Development Division. Finally this discussion paper was developed to launch a consultation/strategic planning process.

Current Research Program Structure

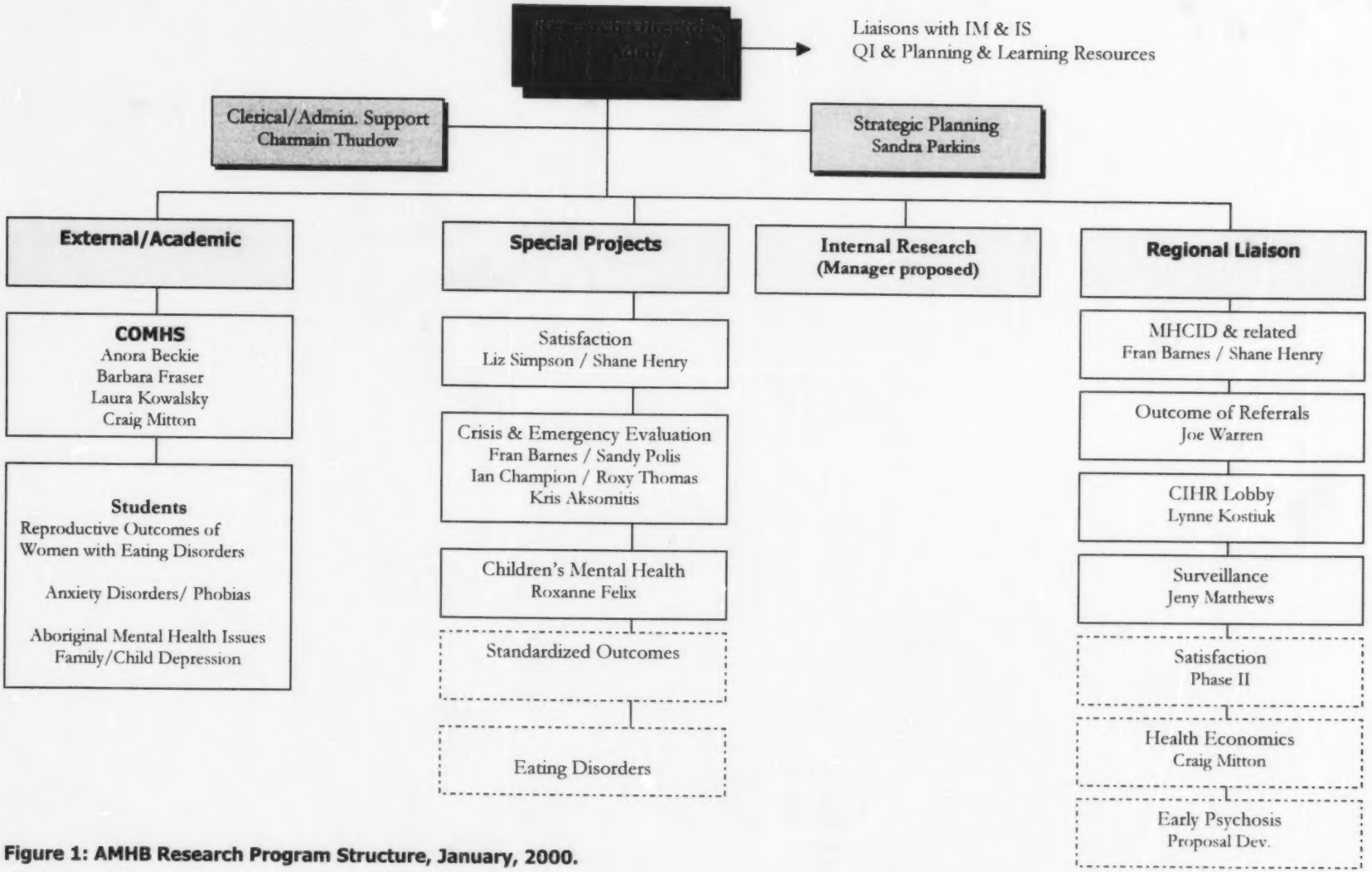

Figure 1: AMHB Research Program Structure, January, 2000.

The AMHB has additional strengths upon which to build a Research Program. Linkages can be established with national and international mental health research organizations and funders (see Appendix A), as well as mechanisms to routinely showcase internal research projects and share our research findings with each other. Notably, Quebec, Ontario and Manitoba have provincial mental health research funds separate from funds for other types of health research, but Alberta does not.

4. A VISION FOR AMHB RESEARCH PROGRAM

4.1 Rationale

This past year, the Alberta government undertook a broad-based consultation process to identify the essential elements for Alberta's health system and the changes needed to support and sustain it. *Health Summit '99* found strong support that Albertans want a health system that is accountable at all levels for the outcomes achieved, and that sets high standards to guide decisions about quality of care, ethics and integrity.[30] Thus, a key direction for the AMHB is to establish appropriate standards and norms for mental health service planning and delivery, to ensure that the needed measures and data elements are in place, and to monitor performance and outcomes with a focus on accountability.

The mandate for mental health research should not be separated from that of providing good care. New research findings can have significant implications for mental illness prevention, detection and treatment strategies. The need for research knowledge is now recognized as an essential component of providing comprehensive mental health services. The AMHB has a provincial mandate to ensure that Albertans have access to effective, efficient and needed mental health services. It has a fiduciary responsibility to establish research goals and financial commitments to improve how resources are used. Research that supports outcome measurement, evaluation of procedures and treatments and evidence-based processes for decision making is essential to the AMHB in fulfilling its mandate.

The key (external) informants interviewed in the Fall of 1999 confirmed that the priority needs for increasing capacity, relevance of research and appropriate dissemination continue. They also stressed that the AMHB could play a key role in setting agendas and priorities, providing leadership and advocacy on mental health research in the province, increasing awareness around existing and future research possibilities, promoting multi-disciplinary research teams, coordinating and disseminating information on research activities, facilitating linkages, sponsoring conferences, ensuring high quality of in-house evaluative/health services research, and increasing external partnerships and/or contracts to meet its own research needs.

To be viable, the broad vision, operating principles, and goals/objectives of the new Research Program need discussion and input of stakeholders in the AMHB. The specific strategies or mechanisms for achieving the goals of the Program need to be prioritized broadly. To this end a consultation process will be initiated in early 2000, around initial drafts of these strategic directions.

For example, a vision for a mental health research program *might* include:

- Levels of funding for the full spectrum of mental health/illness research are increased each year in the province
- The number of research projects in mental health/illness increases each year in Alberta
- The number of qualified mental health researchers increases each year in Alberta
- Our internal clinicians and researchers have opportunities for optimizing their skills and research contributions

- AMHB is considered to be the leader in promoting, facilitating and conducting mental health research
- AMHB is considered to be the authority on mental illness and its treatment in the province
- A coordinated and active network of mental health researchers from all disciplines and in both university and service delivery settings produces higher quality, broader and more synergistic research than would be produced by isolated individuals
- A "Centre of Excellence" for mental health services research is established for Western Canada
- Decision makers play a key role in identifying research questions as well as receive results in a timely manner and actively implement them

The ultimate vision for the Research Program is that it contributes to a broader vision. An *example* of such a vision is as follows:

> *Alberta is considered to be an innovative "best practices" mental health delivery system, which attracts world-class researchers and clinicians, and within which mental illness is prevented, those with mental illness receive optimal treatment and support, and recovery is the norm.*

4.2 Suggested Guiding Principles for the Research Program

Agreement on a set of guiding principles for any initiative is essential to keep it on course. The following are a set of suggested principles for further discussion.

Leadership

The AMHB will assume a leadership role in mental health research within Alberta to promote the development of a provincial agenda for mental health research, advocate for equitable funding, and conduct, coordinate or facilitate MH research initiatives.

Partnership

The AMHB will facilitate a network of mental health researchers. Key stakeholders in Alberta will be identified along with all current research activity related to mental health services. Linkages or partnerships will be established with provincial, national and international agencies involved in mental health research. University-community access to mental health settings and participants will be facilitated.

Multi-Disciplinary Focus

Mental health research will have a multi-disciplinary focus. Multi-disciplinary research will be encouraged and linkages will be established among all disciplines both internal and external to the AMHB (e.g., nursing, psychiatry, psychology, economics, rehabilitation medicine, social work etc.).

Focus on High Needs/Opportunity Areas

The AMHB will initially focus on health services research and population research. There is a desperate need for this type of information and the AMHB is a key player in the province with a legitimate mandate and access to (patient) information to conduct this type of research. The AMHB recognizes that it does not have expertise and/or infrastructure to conduct all types of research and so it may be necessary to assume a facilitative role (i.e., advocate for, support and/or collaborate) in some areas e.g. basic biomedical science.

Relevancy will be a Priority

Mental health services research will be focused on identified service delivery and practice problems to ensure relevancy for management and planning. Decision makers will receive timely results for efficient implementation.

Best Practices

Best practices of identified mental health research programs elsewhere will be modeled (see Appendix A). Scientific rigor and systematic methods will be expected, and the highest ethical standards will be applied.

Monitoring and Advocacy

The AMHB will track and report on mental health research spending in the province (both in-house and external spending). This information will be used to raise awareness of mental health issues, to identify gaps in research and to advocate for research funding to bridge these gaps.

Evaluation and Accountability

The Research Program will incorporate evaluation processes with regular reporting on achievement of goals and objectives to stakeholders.

Balance

While emphasis will be placed on addressing questions identified by decision-makers, there will be room for innovative, investigator driven projects with high potential for benefit even if their immediate applicability is not apparent.

4.3 Proposed Focus

Proposed Research Focus for AMHB Research Program	AMHB As Lead	In Collaboration	Best Left to Others
Internal research (e.g., applied evaluation including health services research, outcomes, health technology assessment and health economics) ♦ Health services research – to gather information that can be used for rational decision-making in the management of health and the health system. This includes research designed to increase understanding of how research knowledge is utilized in practice settings to produce favorable outcomes. ♦ Outcomes - to assess and assist the implementation of systems for measuring outcomes of mental health services to improve the planning and delivery of mental health services. ♦ Health technology assessment – to provide objective information about the properties, effects and/or other impacts of health care technology in order to support health care decisions and policy making at the local, regional, national and international levels.	X	X	
Basic biomedical research			X
Clinical research		X	
External research (e.g., population health, monitoring, surveillance, epidemiology) ♦ Epidemiology – to provide better information on the incidence and prevalence of mental health problems so as to improve planning and delivery of mental health services. ♦ Population health – to gather objective information on the interrelated conditions and factors that have an impact on the health of human populations (and sub-populations) across the life stages. This research encompasses the social, economic and physical environments, personal, family and community health practices, individual capacity and coping skills, health services, human biology and early childhood development.	X	X	

4.4 Strategies/Mechanisms

To be effective, the Research Program will need to be able to operationalize its broader vision and goals into a set of strategies/mechanisms. A set of possible (but by no means exhaustive), mechanisms for promoting mental health research both in-house and through external linkages is provided below. This list will be used in the consultation process as a starting point to setting priorities for action.

Internal Strategies/Mechanisms

- Inventory all projects/researchers in progress or proposed.
- Inventory, review and harmonize all policies, procedures and practices related to research across all AMHB services.
- Set up a dedicated internal research fund to assist with in-house projects (e.g. bridge/seed funding for operating projects, training grants, consulting or collaborating with academic researchers or experts, and/or developing proposals for external grants).
- Set up a process for vetting and adjudicating internal research fund proposals.
- Set up a process for ensuring appropriate ethical review and approval of all research projects (not necessarily structured internally).
- Set up a process for staff and management to identify needs for applied research in the organization.
- Set up a process for identification of skilled staff or external researcher resources for needed projects.
- Provide a consultation service to assist internal researchers on grantsmanship, study design, data collection and management, statistical analysis etc.
- Establish a more formal link with the Alberta Consultative Health Research Network to facilitate external consultations on study design, etc.
- Establish more formalized and closer internal liaisons with QI/evaluation processes, Learning Resources and Information Management such that new research information, from the literature and other jurisdictions or research processes can be brought to these functions.
- Initiate processes for communicating internal research activities at each site to the broader organization and showcasing our research strengths internally and externally, e.g. web page, quarterly and annual reports, newsletter.
- Develop ways to report and interpret research findings to our decision-makers such that they can identify opportunities to implement these findings.

External Strategies/Mechanisms

- Establish stronger linkages with key mental health research organizations in the province (Universities and colleges), nationally and internationally, e.g. the National Institutes of Mental Health (U.S.), the Centre for Addictions and Mental Health (Toronto), the Group de recherche interdisplinaire en sante (Quebec), the Centre for Evidence Based Mental Health (Oxford, UK), the World Federation for Mental Health and its collaborating centres, etc.).
- Initiate and participate in collaborative research projects with progressive mental health service providers in the province and across the country such as the Homewood Health Center in Ontario.
- Begin to promote the development, with partners, of a provincial mental health research agenda wherein research priorities have been identified and are actively pursued.
- Participate in external grant adjudication processes with partners.
- Monitor levels of funding for mental health research projects in the province annually, including project numbers, dollars spent and proportion of expenditures relative to other health problem areas.
- Monitor levels of mental health research capacity in the province through tracking annual increases in numbers of university and service based research staff.
- Enhance research personnel capacity through internal training and recruitment, joint appointments, consulting agreements, co-sponsoring chairs, etc.
- Further develop a database of multi-disciplinary mental health researchers in the province.
- Set up a network/informal association of mental health researchers from Universities and service delivery organizations through a website, newsletter and membership, and promotion of research conferences.
- Explore models for joint research and evaluation structures in the RHAs to ensure that research across the continuum of care is facilitated.

4.5 Evaluation Framework

Once priority activities are identified, the evaluation component of the research program will be developed. The general framework for evaluation will follow a Donabedian model (i.e. regular reviews of structure, process, and outcomes of the program with apriori goals, objectives and measures). One example of a possible goal and its corresponding objectives and measures is provided in Table 3 below.

Table 3: Example Goal, Objectives and Measures for the AMHB Research Program:

Goal	Strategies	Objectives	Measures
• Promote and facilitate relevant, applied mental health research in the province of Alberta, where the results are used to make service delivery or treatment changes.	• Create a database of all internal and external research projects in the province and compile annually. • Develop mechanisms for findings dissemination for completed projects.	• Internal research projects will increase by 20% in 2001 over 2000. • The proportion of projects with immediate application to service delivery decisions will be 80% by the end of 2001. • Findings implications will be communicated to appropriate decision-makers for 95% of completed projects within 6 months of completion.	• Total # number of identified research projects in progress. • Total funds for research projects internally. • Total funds for mental health research projects externally. • The proportion of internal projects with partnership linkages. • The proportion of completed projects for which findings are implemented within 12 months of completion.

4.6 General Framework/Plan for Research Program Development

Year One (2000 – 2001) - Establishing
- Conceptualizing and basic structures (internal/external liaison linkages)
- Consultations to firm up vision, identify needs and set priorities
- Forming basic program infrastructure
- Standardizing current practices
- Finalizing a three year strategic plan with specific goals, objectives, and measures

Year Two (2001 - 2002) - Developing
- Establishment of core program processes
- Establishment of measures of success
- Expansion in priority areas

Year Three (2002 - 2003) - Evaluating and Consolidating
- Evaluation of achievement to date and review
- Expansion (and/or redirection) where indicated
- Finalizing performance indicators and setting benchmarks
- Preparation of 5 year plan

Clearly, the development of the Research Program, in both content and timing will depend on the broader priorities and needs of the organization as well as available resources.

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5. KEY ISSUES AND CHALLENGES

Development of the Research Program will be complex. A number of issues of discussion are anticipated, such as those listed below. Input from key stakeholders will be critical in developing a research function that has utility and relevance for the organization.

Key issues and challenges to be addressed:

(a) How should the Research Program be structured within the organization? (e.g., separate, integrated or consultant role)

(b) What role should the AMHB play in the provincial context? (e.g., leadership, partnership, collaborative, facilitation, advocacy)

(c) How should internal liaisons with other CDD functions and service delivery functions be structured? (e.g., Learning Resources, Information Management, facilities, provincial programs)

(d) Where should activities be focused in the broad range of mental health research?

(e) What processes should be implemented?

(f) What relative weight should the Research Program place on internal vs. external initiatives?

(g) Capacity building - should the primary emphasis be on training and consultation or recruitment?

(h) Receptor capacity building - what are the needs of decision makers?

(i) Research review process - centralized or distributed? Pros/cons?

(j) Ethics committee structure and process - internal or external process? Pros/cons?

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6. SUMMARY AND CONCLUSIONS

The Provincial Health Advisory Board was dissolved in March 1999 and the Alberta Mental Health Board was established to oversee and guide mental health services in Alberta into the 21st Century. The mandate of the Board has been expanded to include an advocacy role for the provision of mental health services in the province as well as responsibility for developing and monitoring standards for, and monitoring performance in the delivery of mental health services. The AMHB is faced with new challenges and new responsibilities. The time is right to evaluate and determine priorities for the future of mental health services in Alberta.

There is a critical need for evidence-based information to help the AMHB plan, deliver and evaluate the impact of mental health services in Alberta. The establishment of a Research Program within the AMHB is the first step in this direction. However, this is only the beginning. Much work needs to be done to begin the collaborative process of identifying and assessing research information needs; ensuring that research projects are designed, funded and carried out to help meet these needs; and developing processes to communicate the research findings to decision-makers in such a way as to facilitate implementation of new ideas in the planning and delivery of our services.

This document provides an overview of the general research context, mental health research needs, issues and challenges for the AMHB and provides some suggested strategic directions and possible initial actions toward the development of a comprehensive and effective Research Program. It is intended to stimulate discussion and will form the basis for a comprehensive consultation process to be conducted over the next few months. The input obtained from key stakeholders will be used to further identify and assess the needs and priorities for the AMHB and to develop a strategic plan for research.

APPENDIX A

Mental Health Research Organizations

BC: Mental Health & Evaluation Consulting Unit - UBC
ON: Centre for Addictions and Mental Health (CAMH) (formerly Clarke Institute of Psychiatry)
ON: Institute of MHR at University of Ottawa (national clinical trials coordination centre)
QC: Centre de recherche de l'Hopital Douglas
US: National Institute of Mental Health (NIMH)
US: Centre for Mental Health Services and Substance Abuse and Mental Health Services Administration, DHHS
NZ: Mental Health Research and Development Strategy (and collaborating organizations)
Italy: University of Verona. Department of Medicine and Public Health – Psychiatry, Medical Psychology and Psychotherapy (WHO Collaborating Centre for research and training in mental health and service evaluation)
UK: Centre for Evidence-based Mental Health, Oxford
World Federation for Mental Health (and collaborating centres)

Specific Mental Health Research Funders

MB: Manitoba Mental Health Research Fund
QC: Fonds pour la recherche en sante du quebec (FRSQ)
ON: Ontario Mental Health (both ministry and foundation)
Private agencies (e.g., Canadian Psychiatric Association Research Fund)
Pharmaceutical companies

General Health Services/Population Health Research and Related Organizations

BC: Centre for Health Services and Policy Research
AB: Institute of Health Economics
SK: Health Services Utilization and Research Commission
MB: Manitoba Centre for Health Policy and Evaluation
ON: Institute for Clinical Evaluation Sciences
ON: Centre for Health Economics and Policy Analysis
ON: Hospital Management Research Unit
ON: Queen's Health Policy Unit
QC: Group de recherche interdisplinaire en sante
QC: Group de recherche sur les interventions gouvernmentale
NS: Population Health Research Unit
CAN: Canadian Institute for Health Information (CIHI)
US: Agency for Healthcare Policy and Research (AHCPR)
US: Network for the Advancement of Health Services Research (NAHSR). A coalition of organizations interested in health system and services research

General Health Research Funders

National:

Medical Research Council of Canada (MRC) – now evolving into the Canadian Institutes of Health Research (CIHR)
National Health Research and Development Program (NHRDP) - Health Canada - devolving
Canadian Health Services Research Fund (CHSRF)
Pharmaceutical companies

Provincial:

AB: Alberta Heritage Foundation for Medical Research (AHFMR)

- Alberta Consultative Health Research Network (ACHRN)
- SEARCH
- HTA Unit

BC: BC Health Research Foundation (like AHFMR)
MB: Heath Research Commission
QC: Fonds pour la recherche en sante du quebec (FRSQ) (networks & infrastructure)
SK: Saskatchewan Health Research Board

* Note: These lists are not exhaustive.

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